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Case 1:07-cv-06415

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Filed 12/21/2007

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DECEMBER 21, 2007

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

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DEC 21 2007 *aw*

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

DEC 21 2007

Samuel Franklin

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

C/O CUNNINGHAM

Case No: 07C6415 Judge Ruben Castillo  
(To be supplied by the Clerk of this Court)

Migistrate Judge Nolan

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

AMENDED COMPLAINT

CHECK ONE ONLY:

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

\_\_\_\_\_

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

\_\_\_\_\_

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

## I. Plaintiff(s):

- A. Name: SAMUEL FRANKLIN
- B. Date of Birth: 6-21-70
- C. List all aliases: N/A
- D. Prisoner identification number: K60141
- E. Place of present confinement: DANVILLE CORRECTIONAL CENTER
- F. Address: 3820 E. MAIN ST. DANVILLE IL 61834-5796

(If there is more than one plaintiff, then each plaintiff must list his or her name, date of birth, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

## II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: C/O CUNNINGHAM # unknown  
 Title: CORRECTIONAL OFFICER  
 Place of Employment: COOK COUNTY 2600 S. CALIFORNIA 60608
- B. Defendant: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_
- C. Defendant: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: \_\_\_\_\_  
\_\_\_\_\_
- B. Approximate date of filing lawsuit: \_\_\_\_\_
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. List all defendants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): \_\_\_\_\_
- F. Name of judge to whom case was assigned: \_\_\_\_\_  
\_\_\_\_\_
- G. Basic claim made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- I. Approximate date of disposition: \_\_\_\_\_

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

## IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

October 26, 2006 I Samuel Franklin K60141 was stabbed in my left eye by another inmate during my stay at Cook County Department of Corrections. It was that C/O Cunningham of the 3pm-11pm shift badge # unknown was assign to Div 5 tier 2-D on 10-26-06 when the assault took place. However jail personnel do have a constitutional obligation to protect inmates from assault by other inmates.

I Samuel Franklin K60141 was not able to obtain C/O Cunningham badge number from my paper work because I was not able to take with me being transferred to Illinois Department of Correctional Center. I was instructed by Cook County Department of Corrections that their policy was I have 30 days to have someone to come pick-up

my mail, clothes, legal papers and etc. within 30 days of my transfer. I was transferred on 11-2-07. My designated person was Lorraine Brooks. I was told by my designated person that my clothes were receive but not my mail, legal papers that it was destroyed. This is why T. Samuel Franklin K60141 is not able to obtain C/O Cunningham badge #. It's to my understanding that C/O Cunningham work the 3pm-11pm shift on 10-26-06 At tier 2-D Cook County Department of Corrections. My clothes were pick-up on 11-29-07 with in their 30 day policy.

## V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like the court to rule in my favor  
for pain and suffering for my left eye  
where I Samuel Franklin receive five stitches  
I'm seeking \$ 300,000 in damages

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

## CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 30 day of Nov, 2007

Samuel Franklin

(Signature of plaintiff or plaintiffs)

Samuel Franklin

(Print name)

K60141

(I.D. Number)

3820 E MAIN ST

DANVILLE IL 61834-5796

(Address)